

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov

## **EMPLOYEES RETIREMENT PLAN**

Tel: (305) 673-7437, Fax: (305) 673-7297

## MIAMI BEACH EMPLOYEES' RETIREMENT PLAN TWO YEAR SERVICE CREDIT PURCHASE FORM

SECTION A. To be completed by member: Date:
MEMBER NAME:
MEMBER ADDRESS:
ID#: BIRTH DATE:
HOME PHONE: WORK PHONE:
CURRENT POSITION AND DUTIES:
Any member with five or more years of creditable service will be able to purchase up to two years of creditates service under the pension plan for certain types of employment prior to the employee's date of hire by the Continuous the pension benefit for the same period of employment under another retirement plan as required by state law (Sect 112.65, Florida State Statutes). Eligible prior service includes military service in the United Stated armed forces Coast Guard, full-time employment with another governmental entity, or full0time employment in the private sea performing the same or very similar duties to these the employee is performing for the City at the time of the election to purchase additional service. Employees electing to purchase such service must pay 10% of their and rate of pensionable earnings multiplied by the number of years and fractions of a year purchased.
PRIOR SERVICE EMPLOYER:
ADDRESS OF PRIOR SERCIE EMPLOYER:
PRIOR SERVICE POSITION AND DUTIES:
DATES EMDI OVED EDOM: TO:

## MIAMI BEACH EMPLOYEES RETIREMENT PLAN EMPLOYER QUESTIONNAIRE AND CERTIFICATION FORM

**SECTION B.** To be completed by the **prior service employer**\*\* NAME OF PRIOR SERVICE EMPLOYER: ADDRESS: TELEPHONE NUMBER: MEMBER NAME: CLASSIFICATION: SS#: \_\_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ PLEASE CERTIFY THE MEMBER'S CLASSIFICATION AND DATES OF EMPLOYMENT DATES EMPLOYED FROM: TO: EMPLOYER EMPLOYEE 1. Is the member eligible to receive a benefit, now or in the future, from a qualified plan based on past service rendered in your system? \_\_\_\_\_ YES \_\_\_\_\_ NO 2. Is the member eligible to receive a benefit from your system, now or in the future, from a qualified plan based on past service rendered in another system? YES NO 3. Are there any vested pension benefits in your system, of any kind, from which the employee can collect a pension in the future? YES NO 4. Has the member closed his/her retirement account? \_\_\_\_\_ YES \_\_\_\_ NO If NO, please explain: a. If applicable, when were the member's contributions withdrawn? b. / / ICERTIFY THAT THE INFORMATION GIVEN WAS TAKEN FROM THE OFFICIAL RECORDS OF: SIGNATURE: \_\_\_\_\_\_ TITLE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_

\*\*If prior service employer is unavailable, please attach all supporting documents and forms for the Pension Board to review.

Please return completed form to:

Rick Rivera, Pension Administrator City of Miami Beach Employees' Retirement System 1700 Convention Center Drive Miami Beach, FL 33139

## MIAMI BEACH EMPLOYEES' RETIREMENT PLAN TWO YEAR SERVICE CREDIT PURCHASE FORM

Please Check One:	
I am receiving a pension ben	nefit based on my previous employment.
	pension benefit based on my previous employment, but I will the future based on my previous employment.
I am not now and will not employment.	receive in the future a pension benefit based on my previous
Are you receiving ANY OT applying for? If so, explain	THER benefit/payment from the previous employment you are:
true. I authorize any empi pension plan maintained	the statements and answers contained herein are complete and loyer identified above, as well as the Administrator of any by such employer, to provide the City of Miami Beach stem the information requested in Section B and any additional
MEMBER SIGNATURE	DATE
WITNESS BY:	
STATE OF FLORIDA	On this, the day of, 20, before me, the undersigned Notary Public of the State of Florida, personally appeared
NOTARY PUBLIC SEAL OF OFFICE:	WITNESS my hand and official seal
	Notary Public, State of Florida
	Personally known to me, or Produced Identification:
	DID take an oath, or DID NOT take an oath.
y Commission Expires:	